REMARKS

This paper is in response to the Final Office Action mailed on January 26, 2006. A Request for Continued Examination (RCE) accompanies this submission. Claims 49-61 are pending in the current Application. Claim 49 has been amended. Claims 54 through 61 are newly added.

In the Final Office Action dated January 26, 2006, the rejection of the then-pending claims on § 112 grounds was withdrawn. In addition, the rejection of the claims based on the Mayaud reference was deemed moot in light of the newly cited Schrier et al. (U.S. Patent No. 6,317,719) and Bloom et al. (6,070,761) references. Specifically, claims 49-53 stand rejected as being unpatentable under § 103 over Schrier et al. in view of Bloom et al.

In response to the new § 103 rejection, Applicants have amended independent claim 49. In particular, claim 49 has been amended to recite the feature wherein a clinical database is provided that contains information on a plurality of drugs, each drug in the database being associated with a multi-character therapeutic cross reference code, wherein a first set of characters represent a class of drugs, a second set of characters represents a subclass of drugs, and third set of characters represent a specific drug. Further, claim 49 has been amended such that the querying of the clinical database identifies the conditions (a)-(h) at least in part based on a comparison of the multi-character therapeutic cross reference code with the patient database records. Support for this amendment can be found, for example, in the Specification on page 4, line 1 to page 5, line 8 and on page 10, line 14 to page 11, line 2.

The therapeutic cross reference (TXR) code advantageously provides a reference or link to the therapeutic category of the drug as well as those of therapeutically related drugs

within a similar class or subclass. Further, the TXR code allows access to information associated with the drug's disease indications and contra-indications via a link to the ICD-9 codes (International Classification of Disease codes).

Newly added claim 54 also recites a method of managing the pharmaceutical care of the patient using the unique TXR code. Neither the Schrier et al. reference nor the Bloom et al. reference disclose at least this feature in the claims. Newly added claim 60 provides a method for identifying one or more drugs causing an identified adverse reaction using one or more software-accessible databases. The method utilizes a clinical database on a plurality of drugs where each drug is associated with a multi-character therapeutic cross reference code as described above. The clinical database is queried with a given adverse reaction and those drugs in a class or subclass of drugs having the given adverse reaction are identified at least based in part on the TXR code. Support for this feature can be found in those portions of the Specification identified above in addition to page 24, line 16 to page 25, line 8 (and FIG. 9). Dependent claim 61 recites the feature wherein the identifying step highlights a particular drug in a patient's current drug regimen in addition to listing other drugs in the class or subclass with the same adverse reaction. These features are neither disclosed nor suggested in the Schrier et al. and Bloom et al. references.

Consideration of the pending claims on the merits is respectfully requested. If there are any questions concerning this paper, please contact the undersigned at (949) 677-7758.

Respectfully submitted,

Vista IP Law Group LLP

Dated: April 14, 2006

By: _____
Michael S. Davidson
Reg. No. 43,577
Attorneys for Applicant

Customer No.
23410
PATENT TRADEMARK OFFICE

Vista IP Law Group LLP
2040 Main Street, 9th Floor
Irvine, California 92614
(949) 677-7758